

VOUCHER AND SCHEDULE OF PAYMENTS

M

DEPARTMENT OR ESTABLISHMENT						D.O. VOU. NO. (TRANSP)									
BUREAU OR OFFICE															
LOCATION OF TRANSMITTING OFFICE															
PURSUANT TO AUTHORITY VESTED IN ME. I CERTIFY THAT THE ITEMS LISTED HEREIN ARE CORRECT AND PROPER FOR PAYMENT FROM THE APPROPRIATION (S) DESIGNATED HEREON OR ON SUPPORTING VOUCHERS.						PAID BY									
DATE						AUTHORIZED CERTIFYING OFFICER									
APPROPRIATION SUMMARY															
ALIGN AREA												ALIGN AREA			
FONT	SHEET	OF	AGENCY STATION NO.		SCHEDULE NUMBER		FOR D.O. USE ONLY								
							P	D	O	SUFFIX					
GRANT TOTAL			NO-CHECK TOTAL				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PAYEE AND IF NECESSARY, ADDRESS, INVOICE NUMBER, OTHER IDENTIFICATION LINES 1, 3, 5, AND 7						AMOUNT						NO. CHECK	VOUCHER NO.		
D.O. CHECK NUMBERS		BEGINNING				ENDING				BEGINNING		ENDING			
USE FOR FIRST CHECK SERIAL NUMBER RANGE						USE FOR SECOND CHECK SERIAL NUMBER RANGE IF APPLICABLE									